

STATE OF MONTANA
OFFICE OF THE INSURANCE COMMISSIONER
840 HELENA AVENUE, HELENA MT 59601 406-444-2040

RENEWAL OF ADMINISTRATORS CERTIFICATE OF REGISTRATION

Pursuant to Section 33-17-603(3), Montana Code Annotated, the current certificate of registration issued to your company expires on June 30, 2006. To renew the company's license to operate in Montana, please complete and return the following renewal form with the \$100 required fee and financial statements, postmarked on or before June 30, 2006. Please note that this office will only accept a renewal form executed by an officer of the company.

Items required for renewal:

- Completed renewal form (page 2).
- \$100 fee.
- Financial statements: Audited financial statements for the most recent calendar or fiscal year-end. If audited financial statements are not available, please enclose an internally generated balance sheet and income statement attested to by a company officer. Include an explanation as to why the entity is not annually audited by independent accountants. **The company's license will not be deemed as renewed without satisfactory review of this financial information.**

Administrator certificates are continuous in form; therefore, new certificates will **not** be reissued upon receipt of renewal fee and documentation. Failure to supply the above-requested items by the stated deadline may result in revocation of the Montana certificate of registration.

All insurance companies for which each administrator provides services in Montana are noted in our database. This database is used by all divisions of the agency and may affect filings submitted in other divisions. Therefore, please provide a complete and current listing of all insurance companies, including the type of policies being administered, on the enclosed renewal form. **Copies of new agreements effective since last renewal are no longer required to be filed.**

If you have any questions concerning the renewal of your certificate, or if an acknowledgment of the renewal is desired, feel free to contact the Examinations Bureau.

Dee Ann Glowacki
Examiner

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RENEWAL OF ADMINISTRATOR'S CERTIFICATE OF REGISTRATION

To the INSURANCE COMMISSIONER OF THE STATE OF MONTANA:

The undersigned hereby applies for renewal of a Montana certificate of registration so that the entity denoted below may continue to act as an administrator in accordance with the provisions of Title 33, Chapter 17, Part 6, MCA.

Applicant Information

Name		d/b/a	
Mailing address		City	State Zip
Phone	Fax	Company Email Address	FEIN #
Contact Person and Direct Phone Number			

1. In the space provided below, please list **all** insurers for which you provide services **in Montana**. Denote as follows: *INS – Insurance Company, MEWA - Multiple employer welfare arrangement, SET – Single employer trust*. **Also give type of policies:** *Life, Health, Workers' Comp., etc.* Attach separate sheet if more space is needed.

Name of Insurance Company, MEWA or Self-Insured Employer Plan	Insurer Type	Policy Type	Effective Date of Agreement

2. Are there any new officers and /or directors of the applicant since last renewal?
Yes_____ No_____ If yes, attach completed biographical affidavit.

PLEASE NOTE: PER 33-17-611, MCA, WRITTEN AGREEMENTS MUST BE RETAINED FOR THE DURATION OF THE AGREEMENT AND FOR 5 YEARS THEREAFTER. ADDITIONALLY, EACH WRITTEN AGREEMENT MUST INCLUDE THE PROVISIONS OF 33-17-612 THROUGH 33-17-617, MCA.

Signature of Officer

Typed Name & Title of Officer